

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination 10 / 14 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 80500.00		
City Washington State DC Zip Code 20005		Transaction ID : B632653 Date of Disbursement or Obligation 10 / 14 / 2016			
Purpose of Expenditure Canvassing		Category/Type 003			
Name of Federal Candidate Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: US		
Calendar Year-To-Date Per Election for Office Sought 2863673.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee Terris Barnes & Walters			Date of Public Distribution/Dissemination 10 / 14 / 2016		
Mailing Address 400 Montgomery St # 700			Amount 3427.00		
City San Francisco State CA Zip Code 94104		Transaction ID : B632657 Date of Disbursement or Obligation 10 / 14 / 2016			
Purpose of Expenditure Canvass Lit		Category/Type 004			
Name of Federal Candidate Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: US		
Calendar Year-To-Date Per Election for Office Sought 2863673.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			83927.00		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Schifeling, Deirdre, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 10 / 14 / 2016		